

Unprecedented and Worsening: Ontario's Local Hospital Closures 2023

December 5, 2023

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Health Coalition
Protecting public healthcare for all.

Introduction & Summary of Findings

In Ontario, vital hospital services, such as emergency departments, maternity and obstetrics, outpatient laboratories and intensive care units, have been subject to repeated closures in the last three years. These closures are unprecedented and they are worsening. The duration of closures is getting longer. Multiple towns across regions are closing vital services at the same time. Public notice is often last minute. Remote communities in the north are experiencing long term closures of vital services such as labour and delivery and outpatient laboratories, and repeated emergency department closures or threats of closures. Rural communities across mid-Ontario and the south are particularly hard hit, but we are also seeing closures of vital services in the largest cities of the province. Emergency departments in particular are being repeatedly closed down in the daytime, overnight, on weekends, or for days to weeks. The rates of closure are staggering.

- The Toronto Star reported that emergency departments in the province closed [158 times](#) from February 2022 to February 2023,¹ and Dr. David Savage documented [848](#) emergency department closures in 2022.²
- In 2023, Dr. Savage found that there have been [498](#) emergency department closures up until August 31 alone.
- To date, at November 24, 2023, there have been at least 868 emergency department closures so far this year.

To ascertain the scale and scope of the closures, this report adds to that body of tracking and analysis of the trends. In 2023, the Ontario Health Coalition has recorded:

- 868 temporary or permanent emergency department closures (one is permanent);
- 316 urgent care centre closures;
- two outpatient laboratory closures;
- eleven obstetrics unit closures;
- one ICU closure, and;
- one labour and delivery unit closure (long-term).

In total, there have been 1,199 closures of vital health care services from January 1 to November 24. In other words, these services in Ontario have either temporarily or permanently closed in 1,199 instances this year so far.³ Consequently, 30,155 hours of care (equivalent to 3.44 years) have been lost to local communities this year so far.⁴

As not all closures -- particularly those that do not take place in emergency departments -- are reported in local news outlets, on social media, or on hospital websites, the total number of Ontario hospital closures in 2023 is most likely higher than the 1,199 recorded by the Ontario Health Coalition.

A growing number of local hospitals are at risk of permanently losing services. The local emergency department in Chesley has been closing evenings, overnight and on weekends since [December 5, 2022](#). Clinton's emergency department has been closed from 6 p.m. to 8 a.m. since [December 2019](#).

¹ The Toronto Star did not include [partial closures of emergency departments, reduced bed capacity in emergency departments, or urgent care centre closures](#).

² Dr. Savage records a closure when [an emergency department closes then reopens or permanently closes](#).

³ The Ontario Health Coalition has followed [Dr. Savage's method](#) of recording hospital closures when a facility closes then reopens or permanently closes.

⁴ The calculations for number of hours of care lost are based on the facilities' normal opening hours. Emergency departments, obstetrics units, ICUs, and labour and delivery units are assumed to be normally open 24 hours a day and seven days a week. Urgent care centres and laboratories have varying hours.

The town of Durham in Western Ontario (as distinct from the region of Durham in the Greater Toronto Area) has had at least 51 emergency department closures in 2023 to date.⁵ Seaforth has had 17 temporary emergency department closures this year, Walkerton has had twenty, and Wingham has had 31. The Fort Erie and Port Colborne urgent care centres permanently closed overnight on [July 5](#), and the Minden hospital's emergency department permanently closed on [June 1](#).

Causes & Impacts of Closures

It is indisputable that these closures are endangering the health of Ontario residents. There is no excess hospital capacity in Ontario. Ontario has well-documented levels of hospital overcrowding and consequential emergency department backups that are extreme by any measure and by all standards, national and international. The hospitals to which patients must drive -- or to which they must somehow find transportation when their local hospital services are closed -- are already overburdened and understaffed. In the North, the distances between hospitals that are experiencing service closures are huge: some that have had services closed are an hour to four hours away from the next open service. In the counties of Midwestern Ontario -- Perth, Huron, Wellington, Dufferin, Bruce and Grey -- we are seeing multiple hospital emergency departments closed at the same time. Some emergency departments are closing with little to no notice, such as the extension of the Chesley emergency department's weekend closure from [November 17-20](#) which was announced at 6:45 a.m. on the day the closure began. While hospitals experiencing closures may provide a list of nearby emergency departments, patients are being told to confirm on their own (while they are in medical crisis and seeking care) that the facilities on the list are [not also closed](#).

The immediate cause of the closures is staff shortages including nurse, health professional and physician shortages. Staffing shortages that were emerging prior to the pandemic have grown over the last three years into the worst crisis anyone has seen. The staffing crisis has been compounded by public policy choices that have actively undermined staffing efforts, including [wage suppression legislation](#) (Bill 124), privatization of staffing through [for-profit staffing agencies](#), the government's decision to [end emergency COVID funding for locums](#) and other funding, and extremely [short-term funding arrangements](#) announced after short staffing has become critical.

There has also been an unprecedented failure of leadership. The provincial government has not stepped in and set a standard of expectation that these vital services remain open. In communities with amalgamated hospitals, there are legitimate concerns that hospital leaders centred in the larger sites have always wanted to close down the smaller sites or centralize more services. Historically, in the case of vital services such as emergency departments, the Health Minister has intervened to stop such attempts. However, in response to the permanent closure of the Minden hospital emergency department, in existence since 1956, the [Minister said it is a local decision](#). The failure of the provincial government to take responsibility for planning, recruiting and retaining needed health care staff, dealing with crises and setting standards for access to the most urgent of health care services is at odds with the approach of Ontario's governments dating back at least forty years.

Provincial government decisions to cut or curtail public hospital funding have also contributed to the crisis. Long term policies of underfunding hospitals in order to downsize them meant that Ontario had no surge capacity left by the beginning of the pandemic. Ontario has the [fewest hospital beds per person left of any province](#) in Canada and [funds hospitals at the lowest rate](#) in the country. Despite promises to end hallway medicine and not to cut public services, when the current government was elected it imposed a [new round of austerity and real-dollar cuts](#) to public hospitals.

⁵ These closures are listed in the tracking section below, with references.

While the government provided extra funding during the early years of the pandemic, it [cancelled COVID funding](#) in the most recent budget, imposing austerity again. This year, hospital funding in Ontario is increasing by only 0.5%⁶ while health care inflation increased by 5.65%⁷, a real-dollar cut, forcing hospitals to downsize their services and continuing downward pressure on wages for staff that are already in crisis-levels of short supply. At the same time, the provincial government has vastly increased funding for for-profit clinics⁸ and hospitals, and for for-profit staffing agencies.

The staffing crisis has become a vicious cycle in which staffing shortages and the reliance on for-profit staffing agencies create a worsening staffing crisis. It is not possible to attract staff to hospitals that are under threat of closure. Impossible workloads contribute to staff leaving, as do requirements to work all the least desirable shifts while agency workers can choose to work only days. Intended to be a temporary stopgap, the reliance on staffing agencies has become long-term as the provincial government continues to cut real-dollar funding to already underfunded local hospitals. There can be no solution to the staffing crisis without retaining and attracting back staff into the regular workforce of our public hospitals. However, the provincial government is instead making public policy choices to impose budget austerity on public hospitals while funding private staffing agencies, not taking leadership, attempting to impose further wage suppression, and providing only short-term and belated emergency funding.

The High Cost of For-Profit Staffing Agencies: Local Examples

In attempts to alleviate the staffing crisis, hospitals have turned to for-profit staffing agencies that drain funding out of the public health care system and into the private sector. For nurses, agencies are costing up to [three times more](#) than hiring staff nurses. At the same time, the provincial government continues to try to impose wage caps on nurses and health professionals who are employees of public hospitals by [pursuing a court challenge to try to reinstate Bill 124](#) and funding hospitals at less than the rate of inflation, let alone population growth and utilization.

Some local examples of the costs and consequences of for-profit privatization and casualization of staff:

The Perth and Smiths Falls District Hospital spent [\\$2.8 million](#) on for-profit nursing agencies in 2022, citing the high cost as “the price that we’re paying to keep services open”. However, relying on agency staff did not allow the hospital to avoid declaring a Code Orange to mitigate staff capacity on [September 28](#) due to high patient volumes, cancelling some elective surgeries.

⁶ Total budgeted funding for hospitals in the 2023/4 Ontario government Estimates (i.e., including all four line-items cited above) was \$23,773,093,800, while it was \$23,657,635,000 in 2022/23. This is an increase of \$115,458,800 or 0.488%. The Estimates can be found here: <https://www.ontario.ca/page/expenditure-estimates>.

⁷ Statistics Canada reports that health care inflation is 5.6 percent (measured as per the most recent figures available covering the time period of September 2022 – September 2023). Source: Statistics Canada. [Table 18-10-0004-08 Consumer Price Index, monthly, percentage change, not seasonally adjusted, Canada, provinces, Whitehorse and Yellowknife — Health and personal care](#)

⁸ In contrast, so called “Independent Health Facilities” (i.e. private, for-profit surgical and diagnostic facilities) are budgeted to get a 212% increase from last year’s Budget Estimates. It is a boom for private profits, even as the government implements austerity for public hospitals. As shown in the 2022/3 and 2023/4 Estimate charts, IHF budgeted funding increased from \$38,693,100 to \$120,693,100. That is an increase of exactly \$82 million – or 211.92%. In dollar terms, they budgeted almost as much of an increase to the tiny IHF sector (\$82 M) as they did for the entire hospital sector (\$115.5 M).

South Bruce Grey Health Centre's emergency departments in Chesley, Durham, and Walkerton have closed hundreds of times this year. They have [also resorted to for-profit nursing agencies](#) to reduce closures. The Chesley emergency department [turned to agency nurses](#) to reopen after closing for eight consecutive weeks beginning on October 6, 2022, though the department is still indefinitely closed overnight and on weekends. South Bruce Grey Health Centre stated that the Chesley emergency department would indefinitely implement these closures, "[as no significant improvements are anticipated in the provincial health human resources situation in the near future](#)". However, the cost of employing an agency nurse can be [three times higher](#) (or more) than that of staff nurses, so the hospital corporation was pushed into deficit. In October, the province funded South Bruce Grey Health Centre to [hire nurses from for-profit agencies](#) with the goal of reducing the staff shortage. While the hospital corporation continues to state that this strategy is meant to facilitate [short-term improvements](#), the details of long-term solutions remain vague. Thus, this supposedly temporary fix continues to remove taxpayer dollars from public hospitals and into private, for-profit agencies, increasing the strain on the underfunded public health care system.

Glengarry Memorial Hospital faces a similar challenge and has implemented the same strategy. According to the Toronto Star, the hospital experienced [the most emergency department closures in Ontario last year](#), closing thirty-eight times due to staff shortages. Hiring agency nurses has allowed it to avoid closures since October 2022, but like South Bruce Grey Health Centre, this costly short-term solution [pushed the hospital into a projected deficit of \\$3.5 million](#).⁹

The province's lack of comprehensive long-term solutions for the staffing crisis is also displayed in its two-time belated, ad hoc extension of funding for physician locums, doctors who are temporarily employed at premiums to fill in staffing gaps. In [2021](#), locum funding under the COVID-19 Temporary Summer Locum Program Expansion (CTSLPE) was announced to allow hospitals in rural areas to attract locums with competitive wages and relieve the pressure of the physician shortage that was exacerbated by the COVID-19 pandemic. The CTSLPE, which was expanded in the [summer of 2022](#), was then [extended to March 31, 2023](#). However, the provincial government [did not initially extend the CTSLPE beyond March 31, 2023](#), effectively cutting off this source of funding.

[On May 24, 2023](#), the CEOs of Lake of the Woods District Hospital and Geraldton District Hospital in northwestern Ontario voiced their concerns about how the decrease in locum funding worsened the staffing crisis, could force emergency departments to close, and was pushing hospital budgets into deficit. The province subsequently renewed the CTSLPE until September 30. The renewal was announced belatedly, on [June 1](#), after the Thessalon emergency department had already closed [three times in May](#).

As the CTSLPE's expiration date approached, the health care sector in northern Ontario once again warned of the results of cutting locum funding. On [August 21](#), Dr. Anjali Oberai and Dr. Maurianne Reade warned of likely emergency department closures. Tim Vine, the president and CEO of Northshore Health Network, also shared that the Thessalon site at Northshore Health Network was only staffed by locums and did not have any contracted past the end of the CTSLPE. Vine had previously asked the Blind River Town Council for support in addressing the physician shortage in [June](#), and the council had sent a motion to Queen's Park. The provincial government then extended the CTSLPE on [September 20](#). The temporary extension until March 31, 2024 was again announced after those working in health care spoke up publicly of the dangers of locum cuts.

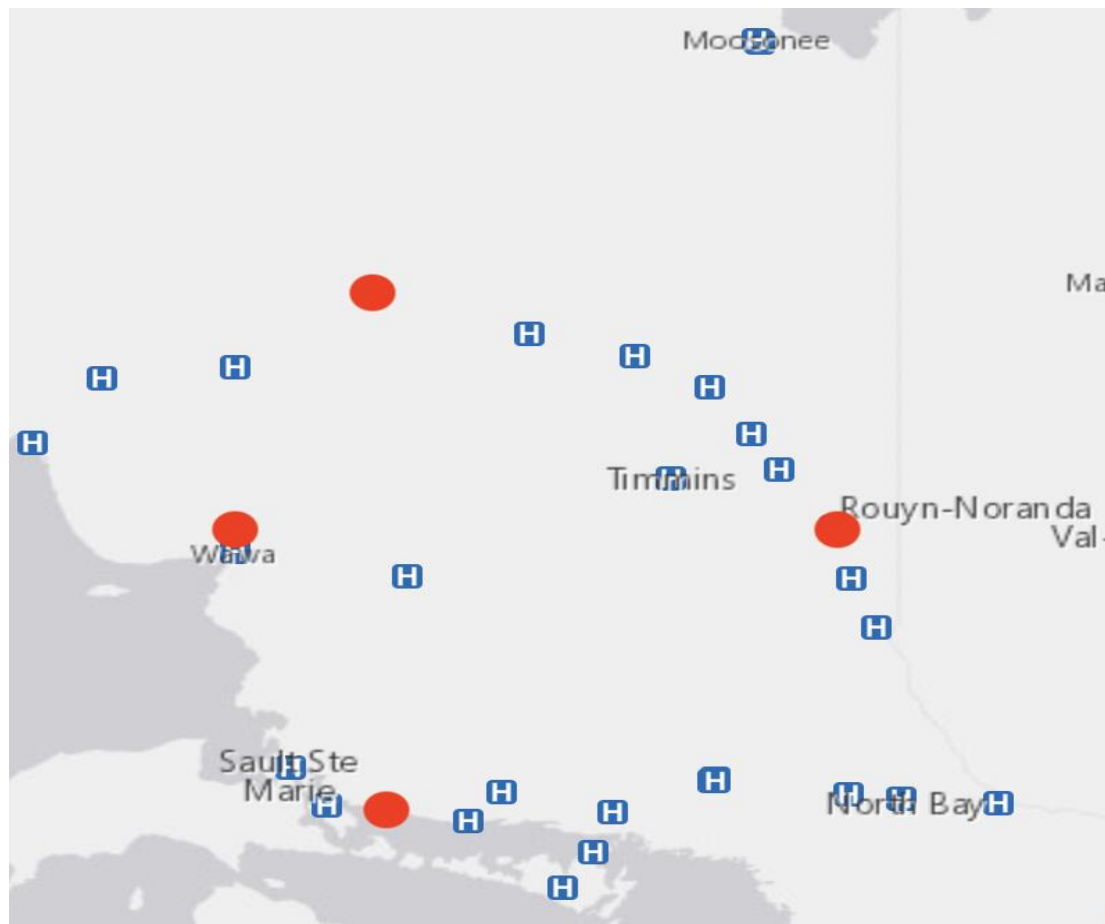
⁹ The provincial government increased Glengarry Memorial Hospital's funding by \$3.66 million (which covers the extra cost for agency staffing) and gave a one-time allocation of \$757,000 in [September](#), but other hospitals remain in a tenuous financial position.

Finally, creating new hospitals and expanding existing ones does not address the limiting factor of chronic staff shortages. For example, the Mindemoya Hospital's emergency department faced numerous closures just [three to four months](#) after its expansion was completed in [July](#) due to [physician shortages that were already warned of](#) when the department opened. Fortunately, the closures were [cancelled](#). However, funding a ["state-of-the-art facility"](#) clearly does not resolve [the lack of physician and locum capacity](#), the effects of which are more dangerous to those living in rural areas such as Mindemoya where the next closest emergency department is forty kilometres away in Little Current.

Hospital Service Closures Tracking by Region

The following list of hospital closures is up to date as of November 24, 2023.¹⁰

Northeastern Ontario



Public Health Ontario. Health Services Locator Map. <https://www.publichealthontario.ca/data-and-analysis/commonly-used-products/maps/health-services-locator>

Hearst

On [June 23](#), the Hôpital Notre-Dame Hospital indefinitely closed its labour and delivery unit because the facility was unable to hire an obstetrician. As of November 24, three thousand, seven hundred and twenty hours of care have been lost this year due to this closure. It is well over an hour in good weather without road construction to Kapuskasing's Sensenbrenner Hospital, the nearest hospital with a labour and delivery unit.

Kirkland Lake

After a [shortage of medical laboratory technologists](#) prompted the outpatient laboratory in Kirkland Lake to close for twelve months,¹¹ Blanche River Health reopened it on [June 12](#) with opening hours of 8:30 AM to 12:00 PM on weekdays. This has resulted in the loss of 388 hours of care in 2023. It is

¹⁰ Note: an overnight closure on Jan 1-2 indicates that an overnight closure occurred on January 1 and another one occurred on January 2. E.g., the emergency department closed from 5 PM on Jan 1 to 7 AM on Jan 2 and then closed from 5 PM on Jan 2 to 7 AM on Jan 3.

¹¹ This closure of the outpatient laboratory in Kirkland Lake was counted as one closure, as it was continuously closed for twelve months.

more than an hour drive in good weather with no road construction to the next hospital in Matheson and more than 40 minutes to Englehart's hospital.

Mindemoya

There are two emergency departments on Manitoulin Island. In [September](#), severe physician shortages led the hospital to warn that while the Little Current emergency department would remain open, the Mindemoya emergency department would need to close down for several days in October. In [June](#), the Ford government had temporarily extended the COVID-19 Temporary Summer Locum Program Expansion. This locum funding was [cancelled in the provincial budget in March](#) and then temporarily extended, but the extension was [set to expire](#) at the end of September. It was later temporarily extended again until the [end of March 2024](#), granting at least a short-term reprieve to the hospitals on Manitoulin Island and along the North Channel of Lake Huron that were all [facing imminent emergency department closures](#). Three days before the first planned closure on October 9, the hospital [announced](#) that Mindemoya's emergency department would stay open after all.

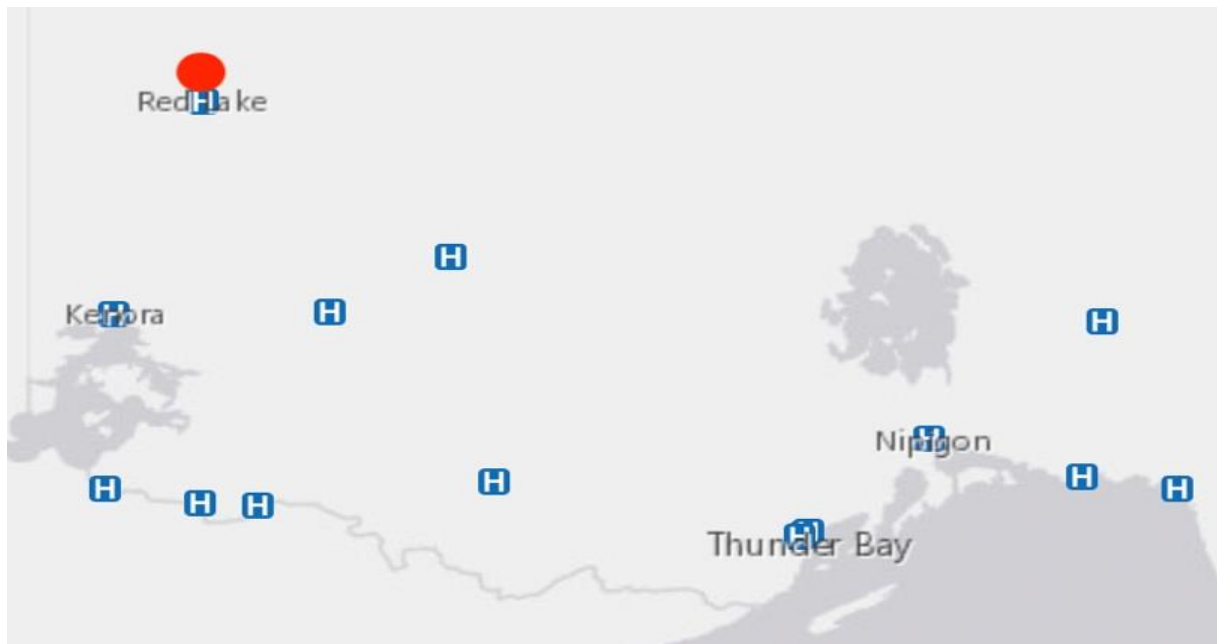
Thessalon

The emergency department at North Shore Health Network's Thessalon site has closed three times this year so far due to physician shortages. The closures took place from [May 24-26](#) and all day on [May 29](#) and [May 31](#). In good weather with no road construction it is more than 40 minutes to the nearest hospital in Blind River and more than an hour to the hospital in Sault Ste. Marie.

Wawa

On [August 31 and September 4](#), the laboratory at Lady Dunn Health Centre was closed to outpatients. September 4 was Labour Day and the lab is regularly closed for statutory holidays. However, Thursday, August 31 was a closure that was not on the long weekend. There is no other outpatient laboratory service in Wawa and it is more than two hours to Sault Ste. Marie.

Northwestern Ontario



Public Health Ontario. Health Services Locator Map. <https://www.publichealthontario.ca/data-and-analysis/commonly-used-products/maps/health-services-locator>

Red Lake

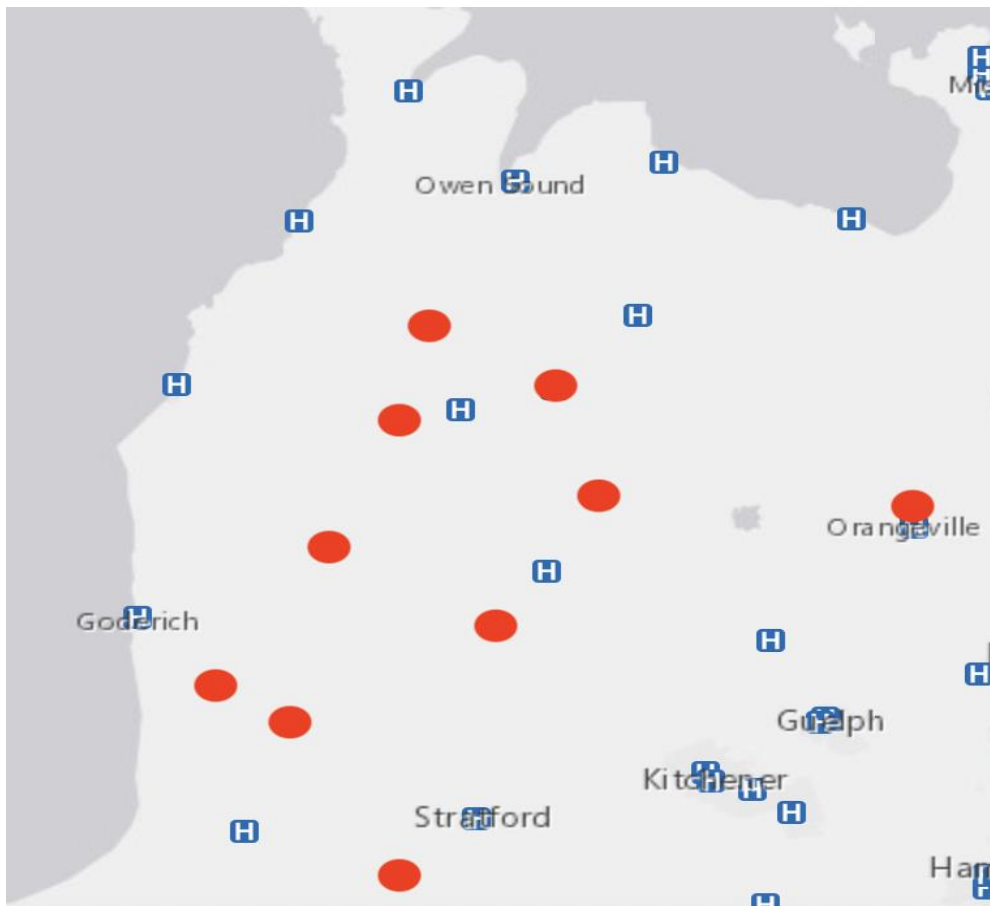
At the [beginning of August](#), the Red Lake Family Health Team announced that its Saturday morning urgent care clinic would close because the number of physicians funded to work in Red Lake was cut from seven to six. There have been sixteen Saturday morning closures as of November 24. The health team also cautioned that the Red Lake Margaret Cochenour Memorial Hospital's [emergency department could close again](#) because of the increased pressure caused by the decision to cut staff. It takes at least three-and-a-half hours to drive from Red Lake to Kenora in good weather with no road construction.

Simcoe County, Central Ontario & Near North

Alliston

Stevenson Memorial Hospital closed its obstetrics unit from [August 7 to 9](#) due to a physician shortage. In [March](#), the hospital announced that they would lay off thirteen nurses who were hired to staff eight ICU and surge beds due to funding cuts.

Grey-Bruce, Huron, Dufferin, Perth & Wellington Counties



Public Health Ontario. Health Services Locator Map. <https://www.publichealthontario.ca/data-and-analysis/commonly-used-products/maps/health-services-locator>

Chesley

Beginning on [December 5, 2022](#), the emergency department at the Chesley hospital has been closed on weekends and overnight from 5 PM to 7 AM. These indefinite changes along with the additional closures below amount to 196 closures from January 1 to November 24. Many of the following

closures coincide with indefinitely implemented overnight and weekend closures, extending the hours that the emergency department is closed.

The Chesley hospital's emergency department closed on the following dates this summer due to staffing shortages: [June 20](#), [July 7](#), [July 11-12](#), [July 21](#), [August 9-10](#), [August 14](#), [August 16](#), [August 25](#), and [August 30](#).

The emergency department closed again at [5 PM on August 31](#) and was scheduled to resume services at [7 AM on September 6](#), almost a full week later. However, the reopening date was first pushed back to [September 25](#) and then again to [October 2](#).

The emergency department closed again on [October 16](#), [October 17](#), [October 30](#), [November 3](#), and [November 6](#).

Most recently, the emergency department began its weekend closures early with last-minute notices on the [morning of November 17](#) and [November 24](#).

Clinton

Clinton Public Hospital's emergency department has not operated overnight from 6 PM to 8 AM since [December 2, 2019](#) as a result of staff shortages. Consequently, 324 closures, including the following ones, have occurred from January 1 to November 24.

The emergency department at Clinton Public Hospital closed on [June 4](#), [June 18](#), and [July 16](#) due to staff shortages.

On [July 30](#), three stabbing teenaged victims were driven twenty kilometres to Alexandra Marine and General Hospital after finding upon arrival that their local emergency department at Clinton Public Hospital closed at 6 PM.

Durham

The ongoing staffing crisis prompted the Durham Hospital's emergency department to close fifty-one times in 2023 as of November 24, 2023. The South Bruce Grey Health Centre announced a series of overnight closures [this summer](#). They began on [June 24](#) and proceeded to occur on [June 29-July 1](#), [July 2 \(the department closed for twenty-four hours on this day\)](#), [July 3](#), [July 5](#), [July 8](#), [July 9](#), [July 12-16](#), and [July 17](#).

The emergency department then closed from [5 PM on July 21 to 7 AM on July 24](#) and from [5 PM on July 28 to 7 AM on July 31](#). These two multi-day closures were followed by an overnight one on [August 1](#). For over forty-eight hours, emergency department services halted from [5 PM on August 4 to 7 PM on August 6](#). Then, an all-day closure took place from [5 AM to 7 PM on August 8](#).

Overnight emergency department closures at Durham Hospital continued on [August 11-14](#), [August 19-20](#), [August 23](#), [August 25](#), [August 30](#), [September 1](#), and [September 3](#). The emergency department closed for twelve hours on [September 7](#) and overnight on [September 9-10](#) and [September 12](#).

For over twenty-four hours, the emergency department shut its doors from [5 PM on September 15 to 7 PM on September 16](#). More overnight closures persisted on [September 17-19](#), [September 22-23](#), [September 28-30](#), [October 7](#), [October 8](#), [October 13](#), [November 2](#), [November 6-8](#), and [November 18](#).

Listowel

A staff shortage prompted the emergency department at Listowel Memorial Hospital to close from [11 AM to 7 PM on January 8](#).

Mount Forest

The emergency department at Louise Marshall Hospital has closed six times in 2023 so far, beginning with overnight closures due to staffing shortages on [July 6](#), [July 20](#), and [September 9](#). It then closed for two days in a row from [5 AM on September 16 to 7 AM on September 18](#). Another overnight closure occurred on [September 30](#) and again, most recently, [November 18](#).

Orangeville

Headwaters Health Care Centre closed its obstetrics unit from [3:30 PM on July 7 to 7:30 AM on July 8](#) due to a staffing shortage.

Seaforth

The emergency department at Seaforth Community Hospital has faced temporary closures caused by staffing shortages seventeen times in 2023 so far. Overnight closures occurred on [January 28](#), [January 29](#), [February 1-5](#), [April 27](#), [May 16](#), [May 23](#), and [May 25](#). The emergency department closed for over twenty-four hours on [June 3](#), [June 9](#), [June 14](#), [June 27](#), [July 27](#), and [August 15](#).

St. Marys

The St. Marys Memorial Hospital's emergency department closed overnight on [May 27](#), [July 15](#), and [August 11](#) due to staffing shortages. Most recently, more overnight closures took place on [November 3](#) and [November 17](#).

Walkerton

Repeated overnight closures caused by staff shortages have occurred at Walkerton Emergency Department twenty times this year thus far. They took place on [July 14](#), [July 22](#), [July 30](#), [August 11](#), [August 18](#), [August 23](#), [August 26-28](#), [August 31](#), [September 5](#), [September 14-17](#), [September 22-25](#), and [October 22](#).

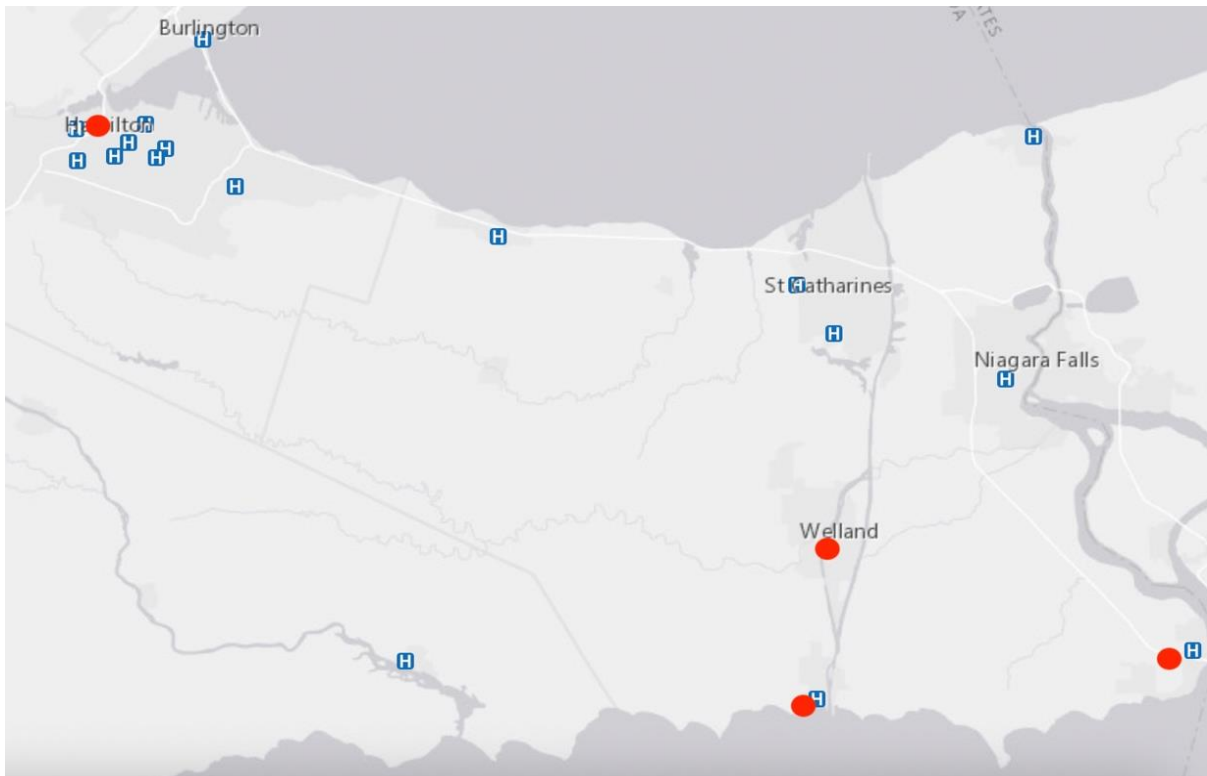
Wingham

The Wingham and District Hospital emergency department has experienced thirty-one overnight closures due to staffing shortages, with the first one in 2023 occurring on [February 18](#). They continued on [March 18](#) and [April 8](#), and an all-day closure took place from [5 AM to 7 PM on April 15](#).

Closures prompted by staffing shortages occurred particularly often in the summer months this year, with emergency department services at the Wingham and District Hospital halting overnight on [May 5](#), [May 13](#), [May 18](#), and [May 20-22](#). A twenty-six-hour closure took place from [6 AM on June 2 to 8 AM on June 3](#), followed by more overnight closures on [June 9-11](#), [June 18](#), [June 24-25](#), [July 7](#), and [July 10](#). The emergency department then closed from [5 AM to 7 PM on July 15](#) and for another twenty-six hours from [5 AM on July 16 to 7 AM on July 17](#). Next, two overnight closures on [July 23](#) and [July 27](#) and an all-day pause of emergency department services from [5 AM to 7 PM on July 30](#) took place. This series of summer closures ended with overnight closures on [August 3-6](#).

About one month later, emergency department closures at Wingham and District Hospital resumed overnight on [September 1](#), from [5 PM on September 2 to 7 AM on September 4](#), and then overnight again on [September 8](#), [September 9](#), [September 10](#), and [September 11](#).

Hamilton/Niagara



Public Health Ontario. Health Services Locator Map. <https://www.publichealthontario.ca/data-and-analysis/commonly-used-products/maps/health-services-locator>

Fort Erie

On [July 5](#), the Fort Erie urgent care centre permanently stopped services overnight, with new opening hours from 10 AM to 10 PM daily. The urgent care centre was created in 2009 to replace the Fort Erie emergency department which [closed permanently](#) in the same year. However, Niagara Health [plans to permanently close](#) this urgent care centre.

Hamilton

Due to staff shortages, the urgent care centre at Hamilton Health Sciences closed temporarily on [January 1](#).

On [July 14](#), Hamilton General Hospital was forced to close one-third of its level-three ICU beds -- those that require the most intense care -- due to a lack of critical care nurses. As a result, the hospital diverted new patients who came from outside of Hamilton and delayed surgeries. The diversion of patients temporarily stopped on July 15 before continuing until [July 19](#). Hamilton Health Sciences reported that [other hospitals in Ontario were also diverting patients](#) requiring level-three ICU beds.

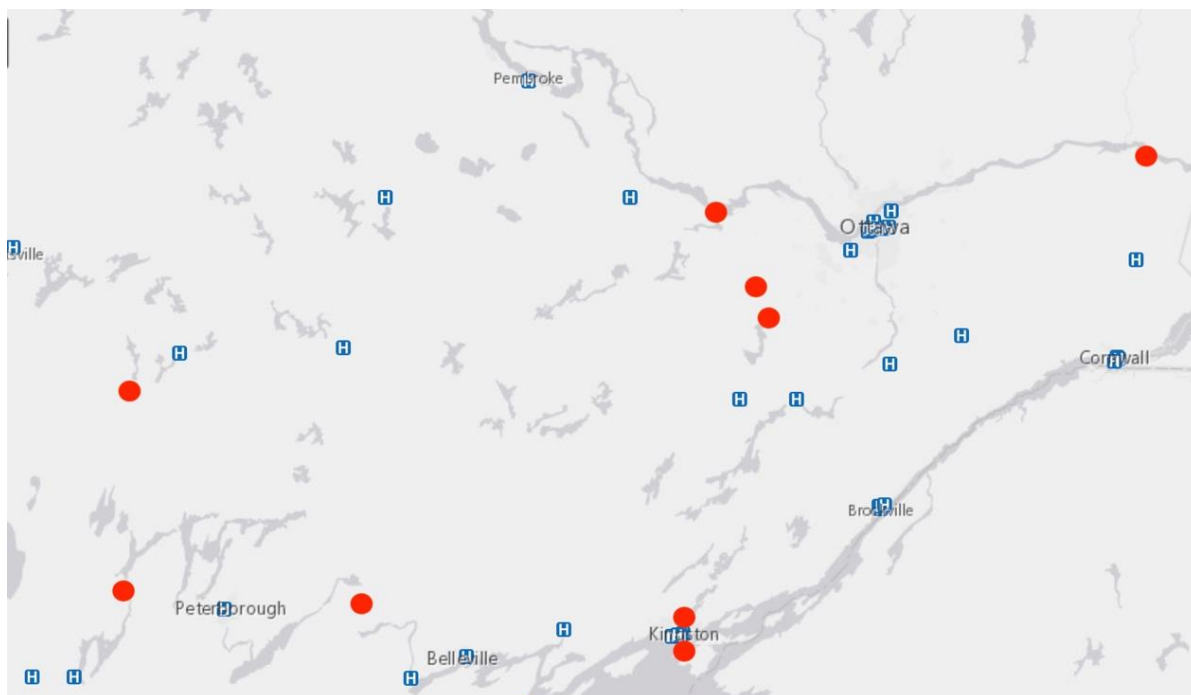
Port Colborne

Like the Fort Erie urgent care centre, the Port Colborne urgent care centre permanently stopped services overnight on [July 5](#), with new opening hours from 10 AM to 10 PM daily. It was created in 2009 to replace the Port Colborne emergency department which [closed permanently](#) in the same year. However, Niagara Health [plans to permanently close](#) this urgent care centre.

Welland

On [February 27](#), citing a shortage of anesthesiologists, Niagara Health's Welland site began closing to emergency cases overnight from 4 PM to 8 AM and on weekends. These closures force patients who enter the emergency department requiring emergency surgeries to be [redirected](#) to other hospitals and discourages ambulances from transporting patients to the Welland site. The [seemingly permanent](#) nature of these closures appears to align with Niagara Health's plan to [close the acute inpatient care services at the Welland site](#) and replace it with an ambulatory facility in 2028 instead. As of November 24, 2023, the Welland operating room has closed to emergency cases 194 times for the overnight and weekend closures, for a total loss of 4,928 hours of care.

East/Southeast, including Haliburton



Public Health Ontario. Health Services Locator Map. <https://www.publichealthontario.ca/data-and-analysis/commonly-used-products/maps/health-services-locator>

Almonte

The emergency department at Almonte General Hospital has closed four times overnight this year so far due to staffing shortages on [March 11](#), [May 18](#), [July 7](#), and [July 15](#).

Arnprior

Arnprior Regional Health's emergency department closed overnight on [May 19](#) and [May 29](#) because of staff shortages.

Campbellford

The emergency department at Campbellford Memorial Hospital closed overnight on [August 25](#) due to a shortage of nurses.

Carleton Place

The Carleton Place and District Memorial Hospital's emergency department has closed eleven times overnight so far this year due to staffing shortages on [January 1](#), [March 17](#), [April 28](#), [June 4](#), [June 10](#), [June 23-24](#), [July 3](#), [July 6](#), [July 14](#), and [July 22](#).

Hawkesbury

The emergency department at Hawkesbury and District General Hospital experienced a multi-day closure from [6 PM on December 30, 2022 to 8 AM on January 3, 2023](#) due to a shortage of nurses and high patient volume. This resulted in the loss of fifty-six hours of care in 2023.¹²

Kawartha Lakes

In [March](#), the obstetrics unit at Ross Memorial Hospital redirected patients to other hospitals for nine days in total. The hospital stated that the unit redirects patients [“for a variety of reasons including, but not limited to, staffing”](#).

Kingston

On [June 1](#), the Children’s Outpatient Urgent Care Clinic at Hotel Dieu Hospital began rationing care. The hospital announced the clinic would be closed to new patients after a total of forty-five patients had been admitted (or another threshold amount depending on staffing) due to a shortage of pediatricians. Within the [first week](#), the clinic had already closed thirty minutes early twice.

Hotel Dieu Hospital, which does not have an emergency department anymore, began closing its urgent care centre early on weekends on [August 26](#) due to physician shortages. The original opening hours, 8 AM to 8 PM, were reduced to 8 AM to 4 PM. As of November 24, 2023, the hours have been reduced for a total of twenty-five days and 100 hours of care have been lost.

Minden

The emergency department at the Minden hospital was permanently shuttered on [June 1](#). This closure has resulted in the loss of 4248 operating hours as of November 24.

To provide care to those who could not receive it due to the permanent closure of the local emergency department, an [urgent care clinic](#) was launched in Minden on [June 30](#) and initially operated on weekends. However, it is [not meant to treat medical emergencies and is not staffed with physicians](#). The clinic began opening daily on [September 30](#) and has had to recently [refuse patients](#) due to high patient volumes and insufficient staff capacity.

¹² Fifty-six hours of care were lost from 12 AM on January 1, 2023 to 8 AM on January 3, 2023, assuming the emergency department would have operated 24/7 had it not closed.